

STATEMENT OF FINANCIAL STATUS

YOUR NAME _____ YOUR SSN _____

1.AMOUNT YOU ARE PROPOSING TO PAY EACH MONTH: \$ _____

***** HOUSEHOLD AND EMPLOYMENT INFORMATION *****

2.YOUR ADDRESS _____

3.COUNTY IN WHICH YOU LIVE: _____ HOME PHONE _____

4.EMPLOYER'S NAME _____

5.EMPLOYER'S ADDRESS _____

6.EMPLOYER'S PHONE _____ YOUR JOB TITLE _____

7.NUMBER OF DEPENDENTS (AS DEFINED BY IRS) INCLUDING SELF: _____

8.MARITAL STATUS (MARRIED, SINGLE, DIVORCED): _____

9.SPOUSE'S NAME AND SSN: _____

***** MONTHLY INCOME *****

NOTE: GROSS INCOME IS INCOME BEFORE ANY DEDUCTIONS SUCH AS TAXES. NET INCOME IS YOUR TAKE-HOME PAY. INCLUDE RECENT PAY STUBS AND TAX RETURNS.

10.YOUR AVERAGE MONTHLY INCOME GROSS \$ _____ NET \$ _____

11.YOUR SPOUSE'S AVG MONTHLY INCOME GROSS \$ _____ NET \$ _____

12.OTHER CONTRIBUTING RESIDENT(S) AVG MONTHLY INCOME NET \$ _____

13.OTHER(ALIMONY, ETC. DESCRIBE _____) NET \$ _____

***** MONTHLY EXPENSES *****

14.RENT/MORTGAGE (TO WHOM: _____) \$ _____

15.PROPERTY TAX \$ _____

16.HOME/RENTER'S INSURANCE \$ _____

17.FOOD \$ _____

18.CLOTHING \$ _____

19.ELECTRICITY \$ _____

20.NATURAL GAS/HEATING OIL/PROPANE \$ _____

21.WATER/SEWER/TRASH DISPOSAL \$ _____

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22.BASIC PHONE SERVICE \$ _____
23.CAR PAYMENT (FIRST CAR) \$ _____
24.CAR PAYMENT (SECOND CAR) \$ _____
25.AUTO FUEL AND MAINTENANCE \$ _____
26.PUBLIC TRANSPORTATION \$ _____
27.AUTO INSURANCE \$ _____
28.MEDICAL INSURANCE PAYMENTS NOT DEDUCTED FROM PAYCHECK \$ _____
29.MEDICAL CO-PAYMENTS AND EXPENSES NOT COVERED BY INSURANCE \$ _____
30.CHILD CARE EXPENSES(NUMBER OF CHILDREN:_____) \$ _____
31.CHILD SUPPORT (NUMBER OF CHILDREN:_____) \$ _____

LIST ANY OTHER MONTHLY EXPENSES BELOW:

32. _____ \$ _____
33. _____ \$ _____
34. _____ \$ _____

***** ASSETS *****

35.BANK ACCOUNT 1 (BANK NAME:_____) \$ _____
36.BANK ACCOUNT 2 (BANK NAME:_____) \$ _____
37.BANK ACCOUNT 3 (BANK NAME:_____) \$ _____
38.STOCKS/BONDS (BANK NAME:_____) \$ _____
39.HOME VALUE:\$ _____ OWED:\$ _____
40.OTHER REAL ESTATE VALUE:\$ _____ OWED:\$ _____
41.CAR 1 (YR,MAKE,MODEL:_____) VALUE:\$ _____ OWED:\$ _____
42.CAR 2 (YR,MAKE,MODEL:_____) VALUE:\$ _____ OWED:\$ _____

***** SWORN STATEMENT *****

I DECLARE UNDER PENALTIES PROVIDED BY 18 U.S.C. SECTION 1001, THAT THE ANSWERS AND STATEMENTS CONTAINED HEREIN ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, CORRECT AND COMPLETE.

43.SIGNATURE:_____DATE:_____

SOCIAL SECURITY NUMBER: _____

WARNING:18 U.S.C. 1001 PROVIDES THAT "WHOEVER...KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATION., SHALL BE FINED NOT MORE THAN \$10,000.00, OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH".

RETURN THIS FORM AND ALL REQUIRED DOCUMENTATION TO:

U.S. DEPARTMENT OF EDUCATION
PO BOX 4222
IOWA CITY, IA 52244-4222

STATEMENT OF FINANCIAL STATUS
INSTRUCTIONS

THIS STATEMENT OF FINANCIAL STATUS FORM HAS BEEN SENT IN RESPONSE TO YOUR REQUEST TO ESTABLISH A MONTHLY PAYMENT PLAN. IN ORDER TO DETERMINE A PAYMENT AMOUNT THAT IS BOTH AFFORDABLE FOR YOU AND REASONABLE BASED ON THE AMOUNT YOU OWE, YOU MUST COMPLETE AND RETURN IT.

1. IMMEDIATELY BEGIN SENDING THE AMOUNT YOU PROPOSE TO PAY EACH MONTH TO:

U.S. DEPARTMENT OF EDUCATION
PO BOX 4169
GREENVILLE, TX 75403-4169

INCLUDE YOUR NAME AND SOCIAL SECURITY NUMBER ON YOUR CHECK OR MONEY ORDER. DO NOT SEND CASH.

2. COMPLETE EVERY FIELD ON THIS FORM. IF AN ANSWER IS ZERO, WRITE ZERO.

3. INCLUDE PROOF OF YOUR HOUSEHOLD INCOME FOR BOTH YOU AND YOUR SPOUSE (TWO MOST RECENT PAY STUBS AND FEDERAL INCOME TAX RETURNS), AND PROOF OF YOUR EXPENSES (SUCH AS COPIES OF MONTHLY BILLS AND/OR CANCELLED CHECKS).

4. DO NOT INCLUDE MONTHLY PAYMENTS ON CREDIT CARDS IF THE ITEMS PURCHASED BY THAT CREDIT CARD FIT UNDER AN EXPENSE CATEGORY LISTED. INCLUDE THOSE COSTS UNDER THAT EXPENSE CATEGORY. FOR EXAMPLE, PAYMENTS ON CREDIT CARDS USED TO PURCHASE CLOTHING SHOULD BE LISTED UNDER CLOTHING EXPENSES.

5. IF YOU ARE PAYING SOME EXPENSES QUARTERLY OR ANNUALLY, SUCH AS AUTOMOBILE INSURANCE, CALCULATE THE AMOUNT THAT WOULD BE DUE IF THESE EXPENSES WERE PAID MONTHLY AND PUT THAT AMOUNT IN THE SPACE PROVIDED.

6. RETURN THE COMPLETED FORM TO: U.S. DEPARTMENT OF EDUCATION
PO BOX 4222
IOWA CITY, IA 52244-4222

7. WE WILL NOTIFY YOU IN WRITING ONCE WE DETERMINE AN ACCEPTABLE MONTHLY PAYMENT AMOUNT. YOU MAY CONTACT US AT 800-621-3115 FOR FURTHER ASSISTANCE.

PRIVACY ACT NOTICE

THIS REQUEST IS AUTHORIZED UNDER 31 U.S.C. 3711, 20 U.S.C. 1078-6, AND 20 U.S.C. 1095A. YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. IF YOU DO NOT, WE CANNOT DETERMINE YOUR FINANCIAL ABILITY TO REPAY YOUR STUDENT AID DEBT. THE INFORMATION YOU PROVIDE WILL BE USED TO EVALUATE YOUR ABILITY TO PAY. IT MAY BE DISCLOSED TO GOVERNMENT AGENCIES AND THEIR CONTRACTORS, TO EMPLOYERS, LENDERS, AND OTHERS TO ENFORCE THIS DEBT; TO THIRD PARTIES IN AUDIT, RESEARCH, OR DISPUTE ABOUT THE MANAGEMENT OF THIS DEBT; AND TO PARTIES WITH A RIGHT TO THIS INFORMATION UNDER THE FREEDOM OF INFORMATION ACT OR OTHER FEDERAL LAW OR WITH YOUR CONSENT. THESE USES ARE EXPLAINED IN NOTICE IN THE STUDENT FINANCIAL ASSISTANCE COLLECTION FILES, NO 18-11-07; WE WILL SEND A COPY AT YOUR REQUEST.